

EXHIBIT 6

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

IN RE DEPAKOTE:

A.S. and parent Marthee Sansone,

Plaintiffs,

v.

ABBOTT LABORATORIES INC.,

Defendant.

CASE NO. 12-cv-43-NJR-SCW

JURY TRIAL DEMANDED

PLAINTIFF FACT SHEET

Each ***Plaintiff Set*** (as defined below) who has filed a lawsuit against Abbott Laboratories, Inc. alleging ***Birth Defects*** caused by the ingestion of ***Depakote*** during pregnancy must complete this Plaintiff Fact Sheet (“***PFS***”).

In completing this ***PFS***, you are under oath and must provide information that is true, correct, and as complete as possible. If ***You*** cannot recall all of the details requested, please provide as much information as you can. ***You*** must supplement your responses if ***You*** learn that they are incomplete or incorrect in any material respect. ***You*** may and should consult records in your possession that contain responsive information to assist ***You*** in responding, but ***You*** are not required to contact relatives, co-workers, or other third parties in order to complete this ***PFS***. ***You*** may be asked to provide copies of documentation that is in ***Your*** possession.

Your lawyer has an electronic version of this ***PFS*** that can expand to accommodate as much information as is necessary to fully answer any of these questions. If ***You*** are completing a paper copy of this ***PFS***, and more space is needed to fully answer any question, ***You*** may (and must) photocopy any page or attach additional sheets as necessary.

DEFINITIONS

Terms appearing in ***bold italics*** in this ***PFS*** are defined as follows:

PFS: This Plaintiff Fact Sheet.

Depakote: Depakote, Depakote ER, Depakene, Depacon, or other branded form of valproic acid manufactured or marketed by Abbott.

- B. Identify all ***Birth Defects*** from which the ***Primary Plaintiff*** suffers, and check the appropriate box to indicate whether ***Plaintiffs*** claim that each such ***Birth Defect*** was caused by the ***Primary Plaintiff's in utero*** exposure to ***Depakote***:

Claimed Birth Defect	Caused by Depakote	Not Caused by Depakote
1. <input type="checkbox"/> Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Neural tube defect (other than spina bifida)	<input type="checkbox"/>	<input type="checkbox"/>
3. <input checked="" type="checkbox"/> Fetal valproate syndrome	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. <input checked="" type="checkbox"/> Cognitive deficit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. <input checked="" type="checkbox"/> Developmental delay/deficit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <input checked="" type="checkbox"/> Autism (or autism spectrum disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. <input checked="" type="checkbox"/> Craniofacial defect or deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/> Limb defect or deformity	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="checkbox"/> Cardiac defect or deformity	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="checkbox"/> Pulmonary defect or deformity	<input type="checkbox"/>	<input type="checkbox"/>
11. <input type="checkbox"/> Gastrointestinal defect or deformity	<input type="checkbox"/>	<input type="checkbox"/>
12. <input type="checkbox"/> Genitourinary defect or deformity	<input type="checkbox"/>	<input type="checkbox"/>
13. <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

- L. Provide the name, current (or last known) address, and specialty of any other **Health Care Provider(s)** (including any mental **Health Care Provider(s)**) who provided care or treatment to the **Biological Mother** during the ten years preceding the **Primary Plaintiff's** birth relating to treatment for epilepsy, and during the five years preceding the **Primary Plaintiff's** birth relating to all other treatment, as well as the approximate dates of care:

Name	Address	Specialty	Dates of Care
Dr. Patti Nemeth	232 S Woods Mill Rd # 400E Chesterfield, MO 63017	Neurologist	2000-2007
Dr. William Rosenfeld	St. Luke's Hospital 232 S. Woods Mill Road Chesterfield, MO 63017	Neurologist	April 2007

(Add rows as necessary)

- M. Provide the following information regarding the **Biological Mother's** use of **Depakote** and other drugs:

(1) Identify the disease, indication, or other condition for which **Depakote** was prescribed:

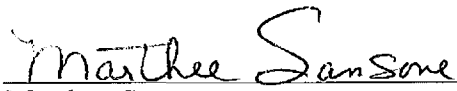
- (a) ☐ Mania
- (b) ☒ Epilepsy or Other Seizure Disorder
- (c) ☐ Migraine Headache
- (d) ☐ Other (Specify: _____)

(2) When was this disease, indication, or other condition first diagnosed, and by whom:

Date: Approximately 3/2000 Physician: Dr. Patti Nemeth

DECLARATION

My name is Marthee Sansone. I am above the age of eighteen years, am of sound mind, have never been convicted of a felony, am competent to make this Declaration, and have full authority to make this Declaration as a Plaintiff in the matter *A.S. and parent Marthee Sansone v. Abbott Laboratories Inc.* I have read the Streamlined Plaintiff Fact Sheet. I have provided facts or access to facts stated in the Streamlined Fact Sheet, and the Streamlined Fact Sheet was prepared with the assistance and advice of counsel. Based upon my review and understanding of that information, I declare the facts stated in the Streamlined Fact Sheet are true and correct to the best of my knowledge, information, and belief.


Marthee Sansone